Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED					
		HAL078101	B. WING	CONS	C 02/03/2016					
MAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S		TRUCTION SECTION					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD MAR 1 4 2010										
PARKTON PLACE PARKTON			, NC 28371		MAR 1 4 2016					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DINE ! \Complete					
C 000	nitial Comments		C 000							
Report of a Construction Complaint Survey by Ed Miller on February 3, 2016.			•							
	The Complaint alleged that there was a very strong sewage smell in the facility, and that it a lingered for several months.									
	licensed as an Assi February 1, 1971 for Therefore, the facili Rules for the Home the applicable portion Desired Standards for the Aged and In-	at this facility was first sted Living Facility on or Eighty-two (82) beds. Ity is required to meet the 1971 is for the Aged and Disabled; ons of the 2005 Minimum and and Regulations for Homes firmed; and the 1967 North ting Code; Group D-2 ancy.								
Complaint was substantiated.			a a	1						
	Physical plant defic require a plan of co	iencies were noted which rrection.			,					
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (1) have walls, cell coverings kept clea (2) have no chronic (3) have furniture of	os shall: ings, and floors or floor n and in good repair;	C 164	Problem has been resolved Please Dee actabled report from Robinson County Ho Department						
		et as evidenced by: ervation, and interview with noe Tech, the facility failed to		Philolotien Ido. 3	alit					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation										
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED					
1					С					
		HAL078101	B. WING		02/03/2016					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE							
1165 WEST PARKTON TOREMORY RD										
PARKTO	N PLACE		, NC 2837							
(X4) ID										
PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP						
TAG	NEGODITORI OR E	ou identify this per order trong	TAG	DEFICIENCY)	TORIE : DITE					
C 184	Continued From pa	no 1	C 164							
0 104		-	C 104							
		pleasant odors. This would								
	them to an unpleas	staff and visitors by exposing								
	Findings on Februa			I						
}		near the Maintenance Office			1 1					
27.5	the floor mounted clean-out was emitting a strong				1 1					
		peared that the clean-out								
	installed properly.	h floor cover plate is not								
		nell has fluctuated between								
	offensive and not no	oticeable. It seem to be most								
	offensive when it ra	ins.								
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ROBESON COUNTY DEPARTMENT OF PUBLIC HEALTH

460 Country Club Road Lumberton, North Carolina 28360

Phone: (910) 671-3200 Fax: (910) 608-2120

Outstanding County Programs (1993 thru 1997) - NC Assn. of County Commissioners EveryWhere, EveryDay, EveryBody

Child Health Recognition Award (1994-1998-2012- 2014) - Glaxo (Wellcome/Smith Kline)



Other Repairs (Specify) here lids on purp tout stort pump and hout of sightic was kly and provide documentation until the issue is If the wastewater violation is not brought into compliance by 3 - 4 - 16 (date), appropriate legal action will be taken.

Failure to comply with the laws, rules and this notice will subject you to the following legal remedies, including but not limited to: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130-22(c)], Suspension or Revocation of Permits [G.S. 130-23], and Criminal Penalties [G.S. 130-25].

You may contact our office at (phone) or (fax). 910-272-6563

Notice Issued

Signed Agent

DHHS/DPH/EHS

Compliance

Signed Agen

DHHS/DPH/EHS

NCDHHS/DPH/EHS/OSWP

Revised January 2015

1997 Award for Environmental Excellence-National Assn. Of County and City Health Officials

WILLIAM J. SMITH, M.P.H.

Health Director

Robeson County Board of Health



Tom Taylor Chairman Board of Health

Joe W. Bailey Jr., P.E. Michael Deese, D.V.M. Tim Ferguson II

Larece Hunt Tammara A. Jones, RN Kenneth Locklear, MD Murray McKeithan

Courtney Parker, O.D. Robert Revels, R. Ph. Daniel Walters, D.D.S.